

Child & Adult Care Food Program Staff Training

SITE DATE
STARTING TIME: _____ ENDING TIME: _____

PLACE: _____

TRAINER(S): _____

GENERAL TOPICS DISCUSSED

RECORD KEEPING

_____ Meal Counts

_____ Meal Pattern

_____ Attendance Records

_____ One Month Attendance Report (OMAR)

_____ Confidential Income Statements (CIS)

_____ Medical Statements of Food Substitutions

_____ Infant Formula Statements (if applicable)

_____ Civil Rights Requirements

MEAL PLANNING

_____ Required Food Production Documentation (menus and food receipts)

_____ Menu Production Records (if applicable)

_____ Meal Service Style (Family, Restaurant, Cafeteria, or Combination)

_____ Portion Sizes

_____ OTHER

PRINT STAFF NAME:

POSITION:

SIGNATURE:

